

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/542209

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
6			1			
7				3		
8				1		
9				1		
10				1		
11				1		
12				1		
13				1		
14				1		
15				1		
16				1		
17				1		
18				1		
19				1		
20				2		
21				2		
22				2		
23				2		
24				2		
25				2		
26				2		
27			1			
28			1			
29			1			
30			1			
31			1			
32			1			
33				3		
34				1		
35				1		
36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				2		
43				1		
44				1		
45				2		
46				2		
47				2		
48				2		
49				2		
50				2		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				6		
52				6		
53				6		
54				6		
55				6		
56				6		
57				6		
58				6		
59				6		
60				6		
61				6		
62				6		
63				6		
64				6		
65				6		
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.				12		
TOTAL DEP.				182		
TOTAL CLAIMS				194		